

CONFIDENTIALITY DECLARATION

I,

Name: _____

User name: _____

pharmacy student, according to the Civil Code, the Act on Criminal Code and the informational self-determination act and freedom of information act CXII Act 2011, by signing this declaration I hereby undertake to keep any information in strict confidence regarding any client, employee or business of the pharmacy that comes to my attention during the practice (Summer Practice I., Summer Practice II., Pharmacy Practice I. Pharmacy Practice II.).

Furthermore, I understand that I cannot communicate data that came to my knowledge during the practice to an unauthorized person and the report of which would have detrimental/harmful consequences on the place, employee, patients, or other people and would cause an illegal situation.

I will treat all information that came to my knowledge confidentially. I do not pass on this information to a third person. I do not report the data to anyone without the permission of "owner". I do not apply the information partly, or fully to the benefit of myself or others.

The confidentiality does not apply to publicity of data of public interest, or to obligation of public data supply, and to those data for the publicity of which there is a written permission from the person concerned. I understand that the duty of confidentiality obliges me even after the practical training without any time limit.

I understand that the law punishes the violation of private, correspondence, business or economic secret and the misuse of personal, aggravated and public data. I take responsibility in case of breaking this duty and I will take the necessary steps to prevent the consequences. I understand that legal consequences (determined in the Civil Code) may be applied to me.

I declare by signing this document that I read and understood it in agreement with my own free will.

Dated: _____ day of _____, 2_____

Signature: _____